2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State
01-13-2003 90134 040 ***150.00

DOCUMENT # P95000012359

1. Entity Name
SPEECH AND LANGUAGE SERVICES OF THE TREASURE COAST, INC.

Principal Place of Business	Mailing Address
1689 SE SANDIA DR PORT ST LUCIE FL 34983	1689 SE SANDIA DR PORT ST LUCIE FL 34983

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
2120 SE Herron Ave		2120 SE Herron Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Port St Lucie, FL		City & State: Port St Lucie, FL	
Zip: 34952	Country: USA	Zip: 34952	Country: USA

4. FEI Number 65-0558287 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURPHY, JOANNE M
1689 SE SANDIA DR
PORT ST LUCIE FL 34983

7. Name and Address of New Registered Agent

Name: Joanne M. Murphy
Street Address (P.O. Box Number is Not Acceptable): 2120 SE Herron Ave
City: Port St. Lucie FL Zip Code: 34952

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, JOANNE M 1689 SE SANDIA DR PORT ST LUCIE FL 34983	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Murphy Joanne M. 2120 SE Herron Ave Port St. Lucie, FL 34952	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joanne Murphy 1.10.03 (772) 335-7673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)